

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____

2 Serial/Patent # 10/518709

3 Please refund the following fee(s):

4 PAPER
NUMBER

5 DATE
FILED

6 AMOUNT

☒ Filing

\$ 50

☐ Amendment

\$

☐ Extension of Time

\$

☐ Notice of Appeal/Appeal

\$

☐ Petition

\$

☐ Issue

\$

☐ Cert of Correction/Terminal Disc.

\$

☐ Maintenance

\$

☐ Assignment

\$

☐ Other

\$

7 TOTAL AMOUNT
OF REFUND

\$

8 TO BE REFUNDED BY:

10 REASON:

Treasury Check

☒ Overpayment

Credit Deposit A/C #:

☐ Duplicate Payment

9 22--0185

☐ No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: John Anderson

TITLE: Paralegal Specialist

SIGNATURE: [Signature]

PHONE: 308-9140 ext 24

OFFICE: PCT DO/EO

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: